



pd ck# 2560
TMM \$10.00
7/2/98

For Ecology Use
Fee Paid _____
Date _____

State of Washington
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name ARCHE J. DAHL Home Tel: (509) 966-6422
Mailing Address 144 So. Mitchell Dr. Work Tel: ()
City YAKIMA State WA Zip +4 98908 + FAX: ()

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☒ Same as above

Name JEFF T. DAHL Home Tel: () - 463-7790
Mailing Address 208 Park ave Work Tel: () - 966-6422
City YAKIMA State WA Zip +4 98902 + FAX: ()
Relationship to applicant SON

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 60 ^{gal} minute 2 hours ^{a day} (☒ gallons per minute or
☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the
purpose(s) of ATTACH A "LEGAL"
DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is
not sufficient.

Estimate a maximum annual quantity to be used in acre-feet per year: _____

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be
needed: From 4/15/ to 8/15/

Section 4. WATER SOURCE

| If SURFACE WATER | If GROUNDWATER |
|---|--|
| Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: <u>NELSON Chapman ditch</u> | A permit is desired for _____ well(s). <u>Water rights from -</u> |
| Number of diversions: <u>Naches river</u> | <u>NELSON Chapman ditch</u> |
| Source flows into (name of body of water): <u>Naches River</u> | Size & depth of well(s): |

LOCATION

Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner:

ditch runs across north end of property

| 1/4 of | 1/4 of | Section | Township | Range(E/W) | County | If location of source is platted, complete below: | | |
|--------|--------|---------|----------|------------|--------|---|-------|-------------|
| | | | | | | Lot | Block | Subdivision |
| NE | SW | SEE 1/4 | 13 N. | 18 E | YAKIMA | | | |
| | | SEE 5 | 13 N. | | | | | |

For Ecology Use Date Received: JULY 2, 1998 Priority Date: JULY 2, 1998
SEPA: Exempt/Not Exempt FERC License # _____ Dept. Of Health # _____
Date Accepted As Complete JULY 28, 1998 By PAK Date Returned _____ By _____ WRIA: 38

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: NELSON Chapma Ditch
- B. Briefly describe your proposed water system. (See instructions.)
Ditch runs in front of property, will take enough water to irrigate 2 acres of land for 2 hours a day
- C. Do you already have any water rights or claims associated with this property or system? ☒ YES ☐ NO
PROVIDE DOCUMENTATION.
We pay \$60 a year for upkeep & help work on ditch

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

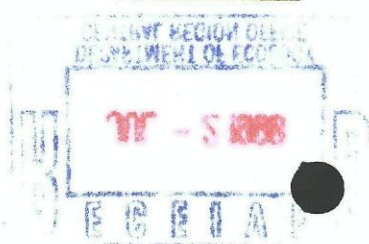
- A. Number of "connections" requested: one Type of connection ditch
(Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☒ YES ☐ NO
If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☒ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☒ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: 3
- B. List total number of acres for other specified agricultural uses:
- | Use | Acres |
|-----|-------|
| Use | Acres |
| Use | Acres |
- C. Total number of acres to be covered by this application: 3
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)
Add up the acreage in which you have a controlling interest, including only:
‡ Acreage irrigated under water rights acquired after December 8, 1977;
‡ Acreage proposed to be irrigated under this application;
‡ Acreage proposed to be irrigated under other pending application(s).
- Is the combined acreage greater than 2000 acres? ☐ YES ☒ NO
 - Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ NO
If yes, enter permit no: _____
- E. Farm uses:
Stockwater - Total # of animals None Animal type _____ (If dairy cattle, see below)
Dairy - # Milking _____ # Non-milking _____



APPLICATION

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☒ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

144 SO MITCHELL DR YAKIMA WA

going east take take LEFT at MITCHELL DR
a cross FROM YAKIMA PELLET BENE go block &
TURN right between hedge & old area green house

Section 10. REQUIRED MAP at end of road

A. Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? ☒ YES ☐ NO
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

B. Does the applicant own the land on which the water source is located? ☒ YES ☐ NO
If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Anche Dahl
Applicant (or authorized representative)

7-2-98
Date

Same
Landowner for place of use (if same as applicant, write "same")

Date

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

| | |
|---|--|
| We are returning your application for the following reason(s): | |
| _____ Examination fee was not enclosed | APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128 |
| _____ Section number(s) _____ is/are incomplete | APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE |
| Explanation: | |
| Please provide the additional information requested above and return your application by _____ _____ (date). | |

Ecology staff _____ Date _____

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).